

STATE OF MISSISSIPPI

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For this register only

County Charleston

Township of

or
In Town of

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2 Registered No. 156

(2) Full Name of Child Nan Louise Richardson

(1) Sex Female (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 24 23

FATHER.
(8) FULL NAME George Bynum
(9) PRESENT POSTOFFICE OF FATHER 56 Beaufain St Charleston S.C.
(10) COLOR OR RACE Negro. (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Charleston S.C.
(13) OCCUPATION harness maker

MOTHER.
(14) NAME BEFORE MARRIAGE Mara Richardson
(15) PRESENT POSTOFFICE OF MOTHER 75 Beaufain Charleston S.C.
(16) COLOR OR RACE Negro. (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Charleston S.C.
(19) OCCUPATION Laundress

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. J. Wooten M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 1/30 23 at Charleston S.C.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.